

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

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| 1. NAME OF COMMITTEE IN FULL Bill Foster for Congress | | | |
| ADDRESS (number and street) P.O. Box 9104 | | | |
| CITY, STATE, and ZIP CODE Aurora IL 60598 | | | |
| 2. NAME OF CANDIDATE Bill Foster | 3. OFFICE SOUGHT (State and District) House IL 11 | 4. FEC IDENTIFICATION NUMBER C00435099 | |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. William A Bardeen 29W280 Iroquois Ct N Warrenville IL 60555-2105 | Name of Employer retired Transaction ID : C19347539 Occupation retired | Date (month, day, year) 03/14/2012 | Amount 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE George Wallerstein 2604 NE 70th St Seattle WA 98115-5830 | Name of Employer retired Transaction ID : C19348574A Occupation retired | Date (month, day, year) 03/14/2012 | Amount 1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
| SIGNATURE (optional) Aesook Byon <div style="text-align: right;">[Electronically Filed]</div> | | DATE 03/15/2012 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)